

JS 44 (Rev. 12/12)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

JOSE I. COLON

DEFENDANTSTHE UNITED STATES OF AMERICA
and
JETBLUE AIRWAYS CORPORATION

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF
THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

Unknown.

(b) County of Residence of First Listed Plaintiff Philadelphia, PA

(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

Timothy R. Hough, Esq.

JAF&E HOUGH

1907 Two Penn Center Plaza, Phila., PA 19102 (215) 564-5200

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)☐ 1 U.S. Government
Plaintiff☐ 3 Federal Question
(U.S. Government Not a Party)☒ 2 U.S. Government
Defendant☐ 4 Diversity
(Indicate Citizenship of Parties in Item III)**III. CITIZENSHIP OF PRINCIPAL PARTIES** (Place an "X" in One Box for Plaintiff
and One Box for Defendant)

	PTF	DEF		PTF	DEF
Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input checked="" type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/ Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/ Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609

V. ORIGIN (Place an "X" in One Box Only)

☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (specify) ☐ 6 Multidistrict Litigation

VI. CAUSE OF ACTIONCite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):
28 U.S.C. Sec. 1346(b), 2671-2680

Brief description of cause:

Plaintiff sustained property damage to a competition bike during air transport from San Juan, PR to New York.

VII. REQUESTED IN COMPLAINT:☐ CHECK IF THIS IS A CLASS ACTION
UNDER RULE 23, F.R.Cv.P.DEMAND \$
4,399.99CHECK YES only if demanded in complaint:
JURY DEMAND: ☐ Yes ☒ No**VIII. RELATED CASE(S)
IF ANY** None.

(See instructions):

JUDGE

DOCKET NUMBER

DATE
12/23/2014SIGNATURE OF ATTORNEY OF RECORD
Timothy R. Hough, Esq.

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

FOR THE EASTERN DISTRICT OF PENNSYLVANIA — DESIGNATION FORM to be used by counsel to indicate the category of the case for the purpose of assignment to appropriate calendar.

Address of Plaintiff: 1717 Arnold Street, Philadelphia, PA 19152

Address of Defendant: 601 S. 12th Street, TSA-9, Arlington, VA 20598

Place of Accident, Incident or Transaction: San Juan, PR

(Use Reverse Side For Additional Space)

Does this civil action involve a nongovernmental corporate party with any parent corporation and any publicly held corporation owning 10% or more of its stock?

(Attach two copies of the Disclosure Statement Form in accordance with Fed.R.Civ.P. 7.1(a))

Yes ☐ No ☒

Does this case involve multidistrict litigation possibilities?

Yes ☐ No ☒

RELATED CASE, IF ANY:

None.

Case Number: _____ Judge _____ Date Terminated: _____

Civil cases are deemed related when yes is answered to any of the following questions:

1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court?

Yes ☐ No ☒

2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court?

Yes ☐ No ☒

3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action in this court?

Yes ☐ No ☒

4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual?

Yes ☐ No ☒

CIVIL: (Place ☒ in ONE CATEGORY ONLY)

A. Federal Question Cases:

1. ☐ Indemnity Contract, Marine Contract, and All Other Contracts

2. ☐ FELA

3. ☐ Jones Act-Personal Injury

4. ☐ Antitrust

5. ☐ Patent

6. ☐ Labor-Management Relations

7. ☐ Civil Rights

8. ☐ Habeas Corpus

9. ☐ Securities Act(s) Cases

10. ☐ Social Security Review Cases

11. ☒ All other Federal Question Cases

(Please specify) FTCA

B. Diversity Jurisdiction Cases:

1. ☐ Insurance Contract and Other Contracts

2. ☐ Airplane Personal Injury

3. ☐ Assault, Defamation

4. ☐ Marine Personal Injury

5. ☐ Motor Vehicle Personal Injury

6. ☐ Other Personal Injury (Please specify)

7. ☐ Products Liability

8. ☐ Products Liability — Asbestos

9. ☐ All other Diversity Cases

(Please specify) _____

ARBITRATION CERTIFICATION

(Check Appropriate Category)

I, _____, counsel of record do hereby certify:

☐ Pursuant to Local Civil Rule 53.2, Section 3(c)(2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs;

☐ Relief other than monetary damages is sought.

DATE: _____

Attorney-at-Law

Attorney I.D.#

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

I certify that, to my knowledge, the within case is not related to any case now pending or within one year previously terminated action in this court except as noted above.

DATE: 12/23/2014

Timothy R. Hough, Esq.
Attorney-at-Law

#40898
Attorney I.D.#

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

CASE MANAGEMENT TRACK DESIGNATION FORM

JOSE I. COLON

CIVIL ACTION

v.

NO.

THE UNITED STATES OF AMERICA

et al.

In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a Case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a Case Management Track Designation Form specifying the track to which that defendant believes the case should be assigned.

SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:

- (a) Habeas Corpus – Cases brought under 28 U.S.C. § 2241 through § 2255. ()
- (b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits. ()
- (c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2. ()
- (d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos. ()
- (e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.) ()
- (f) Standard Management – Cases that do not fall into any one of the other tracks. (X)

December 23, 2014
Date

(215) 564-5200

Timothy R. Hough, Esq. Jose I. Colon
Attorney-at-law

(215) 563-8729

Attorney for plaintiff
jafhough@aol.com

Telephone

FAX Number

E-Mail Address

**UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

JOSE I. COLON	:	
	:	
Plaintiff	:	CIVIL ACTION #
	:	
v.	:	
	:	
The UNITED STATES OF AMERICA	:	
And	:	
JETBLUE AIRWAYS CORPORATION	:	
Defendants	:	

CIVIL ACTION COMPLAINT

This is an action seeking damages against the Defendants including the United States Government for negligence under the Federal Tort Claims Act.

I-JURISDICTION

1. The Jurisdiction of this Court is based upon the Federal Tort Claims Act, 28 U.S.C. §1346(b), 2671-2680.
2. Plaintiff, Jose I. Colon, is a Citizen of the United States who resides within the State of Pennsylvania.
3. Defendant, the United States, by and through the Department of Homeland Security/Transportation Security Administration, and at all times relevant hereto, operated the TSA screening site at the airport in San Juan and at JFK airport in New York with administrative offices located at 601 S. 12th Street, TSA-9 Arlington, VA 20598.
4. Defendant, JetBlue Airways Corporation is a Delaware Corporation with its principal place of business located in Long Island City, NY.
5. On September 4, 2013 was a fare paying passenger on JetBlue flight 704 from San Juan, PR to JFK in New York.
6. Plaintiff filed an administrative claim with the United States Department of Homeland Security on September 5, 2013 as required by 29 U.S.C. §2675(a), a copy of said claim is attached hereto as Exhibit "A".
7. The Claim was denied on July 2, 2014, as set forth on the denial letter attached hereto as Exhibit "B".

II- VENUE

8. Venue is proper under 28 U.S. C. §1402(b) as Plaintiff resides in this District.

III- CLAIMS INCLUDING THE FEDERAL TORT CLAIMS ACT

9. On or about September 4, 2013 the Plaintiff in connection with Blue flight 704 from San Juan, PR to New York, Plaintiff entrusted the care of his "Joule Pro Carbon" bicycle to the Defendants.

10. Prior to turning over the care and custody of his bicycle to the Defendants the Plaintiff wrapped the parts of the bicycle in plastic and inserted them into a bike tote intended for the purpose of transporting the bike via air carrier.

11. Prior to, during or after the flight, the Defendants handled or processed the Plaintiff's bicycle in such a manner as to cause it to be removed from its plastic packaging and to suffer damage which rendered the bicycle unrepairable.

12. Upon arrival at JFK airport in New York, the Plaintiff unzipped the tote and found that the bike parts were moving against each other and were out of plastic with a TSA card indicating "Notice of Baggage Inspection" inside the tote. The note included the following " At the completion of the inspection, the contents were returned to your bag."

13. It is believed and therefore averred that agents of the TSA in conjunction with their inspection of the Plaintiff's bike tote handled the bike so as to cause direct damage and/or failed to repack the Tote in the same manner as Plaintiff had secured the bicycle and thereby rendered the carbon frame susceptible to damage and destruction.

14. Plaintiff upon noting that his bag had been opened heard noise within the frame and feared there was significant damage to the bike and notified a TSA agent of the occurrence of the damage while still within the airport at JFK.

15. While Plaintiff initially submitted an SF 95 form the day following his discovery of his loss in the amount of \$2,599.00 ; Plaintiff has subsequent to the submission of the SF-95 learned that the bicycle cannot be repaired and that the value of the bicycle was \$4,399.99. The final severity of plaintiff's damages were not known and could not have been known at the time plaintiff presented his administrative claim to the agency. Pursuant to 28 U.S.C. §2675(b) intervening property damage assessments and the lack of susceptibility of repair of his property therefore permit him to seek recovery against the United States in this action beyond the amount sought in the administrative claim.

16. In addition to TSA taking custody of his bicycle, Plaintiff entrusted the care and safekeeping of his bicycle to JetBlue Airways Corporation.

17. A bailment or bailment for hire was also created with Defendants.

18. The Defendants were careless and negligent in their handling, inspection, unpacking and/or repacking of the Plaintiff's bicycle and are jointly and severally liable for the destruction of the Plaintiff's bicycle.

19. As a result of the negligence of the Defendants the plaintiff's bicycle was broken and rendered unusable.

20. As a further result of the defendant's negligence aforesaid, the plaintiff suffered a loss of his Joule Pro Carbon bicycle the fair and reasonable value of replacement of which is \$4,39

WHEREFORE, plaintiff respectfully demands judgment in his favor against the defendants jointly and severally as follows:

- (1) Damages in the sum of \$4,399.99 dollars or such additional amount as allowable under 28 USC Sec 2675(b) plus interest and costs;
- (2) Damages against Defendant, JetBlue Airways for \$4,399.99 plus loss of use damages;
- (3) For such other and further relief the court may deem just and proper.

JAFFE & HOUGH

By: _____



TIMOTHY R. HOUGH, ESQUIRE
Attorney for Plaintiff
1907 Two Penn Center Plaza
1500 John F. Kennedy Boulevard
Philadelphia, Penna. 19102
(215) 564-5200

EXHIBIT A

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read the instructions below carefully and supply all the information requested. You will receive an Acknowledgement Letter and Control Number.			FORM APPROVED OMB NO. 11050008	
1. Submit To Appropriate Federal Agency: Claims Management Branch TSA (TSA - 9) 601 South 12th Street Arlington, Virginia 20598-6009 571.227.1300 tsaclaimsoffice@tsa.dhs.gov		2. Name, Address of Claimant and claimant's personal representative, if any. (See instructions above.) (Number, street, city, state, and zip code) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Claimant Information: Full Name: <u>Jose I. Colon</u> Address: <u>1717 ARNOLD ST.</u> City, State, Zip: <u>PHILADELPHIA PA 19152</u> Country: <u>PHILADELPHIA</u> </div> <div style="width: 45%;"> Claimant's Representative: (if any) Full Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Address: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> City, State, Zip: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Country: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> </div>				
3. Type of Employment: <input type="checkbox"/> Military <input checked="" type="checkbox"/> Civilian	4. Date of Birth: <u>03-11-68</u>	5. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower	6. Day and Date of Incident: <u>WED. 9/4/13</u>	7. Time: (A.M. or P.M.) <u>6:30P-10:40P</u>		
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) <u>MY COMPETITION BICYCLE WAS DAMAGED EN ROUTE FROM PUERTO RICO TO NEW YORK (JFK) MY BICYCLE WAS WRAPPED IN PLASTIC IN SAN JUAN PUERTO RICO, WHEN I REACHED MY DESTINATION, NEW YORK, MY BICYCLE WAS UNWRAPPED, LOOSE AND THE PARTS TO MY BICYCLE WERE IN THE IN APPROPRIATE POCKETS. AS I CHECKED MY BICYCLE I NOTICED MY BICYCLE FRAME DAMAGED AND MY BICYCLE HAD NUMEROUS SCRATCHES. THE CARBON OF MY BIKE ARE DAMAGED BEYOND REPAIR. TOTAL LOSS</u>						
9. NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT: (Number, street, city, state, country, and Zip Code) Full Name: <u>SAME</u> Address: <div style="border: 1px solid black; width: 150px; height: 20px;"></div> City, St. & Zip: <div style="border: 1px solid black; width: 150px; height: 20px;"></div> Country: <div style="border: 1px solid black; width: 50px; height: 20px;"></div>						
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE, AND LOCATION WHERE PROPERTY MAY BE INSPECTED. <u>THE BICYCLE IS A TOTAL LOSS. I ATTEMPTED TO HAVE A REPAIR ESTIMATE COMPLETED AT HUMAN ZOOM BIKES + BOARDS, 4159 MAIN ST, PHILADELPHIA PA 19127 (215) 487-7433, I WAS INFORMED THE DAMAGES MAKE MY BIKE A TOTAL LOSS. THE TECH SAID THE ENTIRE FRAME NEEDS TO BE REPLACED</u>						
10. STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DEPENDENT. <div style="border: 1px solid black; height: 40px; width: 100%; text-align: center; font-size: 2em;">N/A</div>						
11. WITNESSES						
1. Name: <u>CARLOS ORLANDO COLON</u>		Address/Phone: <u>4835 No. 7th Street PHILADELPHIA, PA 19120</u>				
2. Name:		Address/Phone:				
3. Name:		Address/Phone:				
12. AMOUNT OF CLAIM (In U.S. Dollars)						
12a. PROPERTY DAMAGE <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">\$2,599.99</div>		12b. PERSONAL INJURY <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">0</div>		12c. WRONGFUL DEATH <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">0</div>		
		12d. TOTAL Failure to specify may cause forfeiture of your rights <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">\$2,599.99</div>				
I CERTIFY THAT THE AMOUNT OF THE CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.						
13a. SIGNATURE OF CLAIMANT OR CLAIMANT'S REPRESENTATIVE: (See instructions below) 			13b. PHONE NUMBER OF SIGNATORY: <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">215 207 6286</div>		14. DATE OF CLAIM: <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">9/5/13</div>	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for the civil penalty of not less than \$5,000 and not more than \$10,000, plus three times the amount of damages sustained by the Government. (See 31 U.S.C. 3729.)			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than five (5) years or both. (See 18 U.S.C. 287, 1001.)			

SUPPLEMENTAL INFORMATION - SF-95 CLAIM FOR DAMAGE, INJURY, OR DEATH

20. Claimant Email Address: <div style="border: 1px solid black; padding: 5px;">None</div>	21. Did the incident take place at: (please check one) <input type="radio"/> Passenger Security Screening Checkpoint? <input type="radio"/> Checked Baggage Screening Location	OMB number 1652-0039 Expires 11/30/2011
22. At which Airport did the incident occur? <div style="border: 1px solid black; padding: 5px;">Between SAN JUAN PR and JFK New York</div>	23. Did you use a Skycap, Porter service, or other third-party service? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24. Was your checked baggage delayed? <input type="checkbox"/> YES, if yes, for how long? <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <input checked="" type="checkbox"/> NO

25. If this was a Checked Baggage incident, Why do you believe that TSA was Responsible?

MY BICYCLE WAS IN PERFECT CONDITION PRIOR TO TRAVELING. I PRACTICE EVERYDAY, A TOTAL OF 2-3 HOURS AND TAKE VERY GOOD CARE OF MY BICYCLE. I WENT TO GREAT LENGTHS TO PROPERLY PACK MY BICYCLE FOR TRAVEL. I PURCHASED A BIKE TOTE, I PACKED IT IN THE APPROPRIATE POCKETS, JUST TO HAVE THE TSA DESTROY IT.

26. Write down your COMPLETE travel itinerary. (include airline names, flight numbers, arrival/departure times, etc.)

8/29/13 JETBLUE, FLT 1503, 11:59PM-3:44AM
9/4/13 JETBLUE, FLT 704, 6:30PM-10:20PM

27. If this is a Checked Baggage incident, please write down your baggage tag numbers.

28. At the time of the incident, were you in the Military or a Federal employee and on official travel?

☐ YES, if so, for whom:
☒ NO

29. Did you file any type of incident report with the airline, airport, TSA, or any law enforcement agency?

☐ YES, if so, please explain and leave an incident report number:
☒ NO

I WAS given these forms to fill out and submit at the JFK AIRPORT

PLEASE BE SURE TO ATTACH ALL RECEIPTS, ESTIMATES OF REPAIR, APPRAISALS, OR ANY OTHER DOCUMENTS THAT CAN SUBSTANTIATE THE VALUE OF THE ITEMS THAT WERE LOST OR DAMAGED.

FOR ALL DAMAGED BAGGAGE, ^{Text} YOU MUST GET A REPAIR ESTIMATE

SUBMISSION DIRECTIONS:

1. Use the button on the right to PRINT this form.
2. SAVE this electronic PDF form for your records.
3. SIGN the printed form at the bottom of page 2.
4. INCLUDE all receipts, estimates, proof of flight documents, baggage tags, etc.
5. MAIL or FAX your printed claim and backup documentation.

Print Claim

WHERE TO SUBMIT FORMS:

FAX:
(571) 227-1904

U.S. Mail Address:
TSA Claims Management Branch
601 South 12th Street - TSA 9
Arlington, VA 20598-6009

Once Submitted, you should receive an acknowledgement letter from TSA within three weeks if you submit the claim by USPS (within 6 days if submitted by fax). This letter will include a TSA control number and instructions. Use this control number to check the status of your claim, or for any other communications with the TSA Claims Management Branch.

Paperwork Reduction Act Statement of Public Burden: TSA is collecting this information in order to thoroughly investigate and resolve your tort claim against the agency. The public burden for this collection of information is estimated to be approximately 30 minutes. This is a voluntary collection of information; however, failure to provide this information may delay or hinder the processing of your claim. An agency may not conduct or sponsor, and persons are not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number assigned to this collection is 1652-0039, which expires 11/30/2011.

Privacy Act Statement: AUTHORITY: 28 U.S.C. 1346(b), 1420(b), 2671-2680. PRINCIPAL PURPOSE(S): This information will be used to investigate your claim against the Transportation Security Administration (TSA). ROUTINE USE(S): This information may be shared with the Department of Justice in review, settlement, defense, and prosecution of claims involving matters over which TSA exercises jurisdiction, or for routine uses identified in the TSA's system of records notice, DHS/TSA 009 General Legal Records. DISCLOSURE: Voluntary; failure to furnish the requested information may result in an inability to thoroughly investigate your claim and may therefore result in an inability to award you payment on your claim.

PRIVACY ACT NOTICE

This notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a (e) (3), and concerns the information requested in the letter to which this Notice is attached.

- A. *Authority*: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14
- B. *Principal Purpose*: The information requested is to be used in evaluating claims.
- C. *Routine Use*: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. *Effect of Failure to Respond*: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

ADDITIONAL INSTRUCTIONS

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in Item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/his authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative. If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in Item 12 of this form.

The amount claimed should be substantiated by component evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property which has been or can be economically repaired, the claimant should at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested component persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in an invalid presentation of your claim and may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

Director, Torts Branch Civil Division
U.S. Department of Justice
Washington, DC 20530

and to:

Office of Management and Budget
Paperwork Reduction Project (1105-0008)
Washington, DC 20503

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance?

☐ YES, if yes, give name and address of insurance company (number, street, city, state, and zip code) and policy number.

☒ NO

16. Have you filed a claim on your insurance carrier in this instance, and if so, is full coverage or deductible?

NO

17. If deductible, state amount

N/A

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (It is necessary that you ascertain these facts)

N/A

19. Do you carry Public Liability and property damage insurance?

☐ YES, if yes, give the name and address of the insurance company (number, street, city, state, and zip code)

☐ NO

N/A

EXHIBIT B



7196 9005 8630 0202 7689

U.S. Department of Homeland Security
Claims Management Branch
601 S. 12th Street, TSA-9
Arlington, VA 20598-6009

July 02, 2014

Jose Colon
1717 Arnold St
Philadelphia PA 19152
United States



Transportation
Security
Administration



Re: TSA Control No.: **2013102307668**

Dear Jose Colon:

This constitutes final administrative action on your claim against the United States under the Federal Tort Claims Act based upon the alleged negligent or wrongful acts or omissions of Transportation Security Administration (TSA) personnel.

Your claim is denied. After careful evaluation of all the evidence, we have determined that there are no legally sustainable grounds upon which a finding of liability can be based on the part of TSA.

If you are dissatisfied with the action taken on your claim, you may file suit in an appropriate U.S. District Court not later than six months after the date this letter was mailed. This information is not intended to imply that any such suit would be successful.

Should you have any questions, please address them to the Claims Management Branch. We may be reached at (571) 227-1300 or by email at TSAClaimsOffice@tsa.dhs.gov.

Yours sincerely,

Robert Grimes
Branch Chief
Claims Management Branch
Financial Management Division